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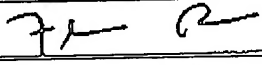
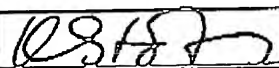
TO:	Mail Stop Amendment USPTO Group Art Unit 3743	FACSIMILE NO.:	(571) 273-8300
FROM:	Flavio M. Rose Reg. No. 40,791	FACSIMILE NO.:	(650) 251-7739
		TELEPHONE NO.:	(650) 251-7700
DATE:	October 23, 2006	PAGE 1 OF:	12
SUBJECT:	U.S. Pat. Appl. Ser. No. 10/714,467 Filed: November 14, 2003 Entitled: "Remote Control Gas Regulation System" By Kevin D. JORCZAK et al. Atty Dkt. No. 7690-0001	CONFIRMATION COPY TO FOLLOW:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Please see the attached Response for the above-identified patent application.

TRA 2213244v.1

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/714,467	RECEIVED CENTRAL FAX CENTER OCT 23 2006			
		Filing Date	November 14, 2003				
		First Named Inventor	Kevin D. Jorczak				
		Art Unit	3743				
		Examiner Name	Amadeus Sebastian Lopez				
Attorney Docket Number	7690-0001						
Mail Stop	Amendment						
ENCLOSURES (Check all that apply)							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> No fee due <input type="checkbox"/> Fee(s) due: \$ _____ Fee Transmittal <input type="checkbox"/> Check enclosed <input type="checkbox"/> Charge Deposit Account No. 18-0580 <input type="checkbox"/> 37 CFR § 1.16 <input type="checkbox"/> 37 CFR § 1.17 <input checked="" type="checkbox"/> The Commissioner is authorized to charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input type="checkbox"/> Return postcard <input checked="" type="checkbox"/> Response to Election of Species Requirement <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) - _____ Affidavits/declaration(s) - _____ <input type="checkbox"/> ___-Month Extension of Time </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Information Disclosure Statement & PTO-Form 1449 <input type="checkbox"/> Copies of cited reference(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Declaration(s) by Inventor(s) <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Updated Application Data Sheet <input type="checkbox"/> Drawing(s) - ___ Sheets <input type="checkbox"/> Compact Disk(s) - ___ CD(s) <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney & Address Indication Form </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Revocation of & New Power of Attorney, Address Indication Form <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Other Enclosure(s): </td> </tr> </table>					<input checked="" type="checkbox"/> No fee due <input type="checkbox"/> Fee(s) due: \$ _____ Fee Transmittal <input type="checkbox"/> Check enclosed <input type="checkbox"/> Charge Deposit Account No. 18-0580 <input type="checkbox"/> 37 CFR § 1.16 <input type="checkbox"/> 37 CFR § 1.17 <input checked="" type="checkbox"/> The Commissioner is authorized to charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input type="checkbox"/> Return postcard <input checked="" type="checkbox"/> Response to Election of Species Requirement <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) - _____ Affidavits/declaration(s) - _____ <input type="checkbox"/> ___-Month Extension of Time	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Information Disclosure Statement & PTO-Form 1449 <input type="checkbox"/> Copies of cited reference(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Declaration(s) by Inventor(s) <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Updated Application Data Sheet <input type="checkbox"/> Drawing(s) - ___ Sheets <input type="checkbox"/> Compact Disk(s) - ___ CD(s) <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney & Address Indication Form	<input type="checkbox"/> Revocation of & New Power of Attorney, Address Indication Form <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Other Enclosure(s):
<input checked="" type="checkbox"/> No fee due <input type="checkbox"/> Fee(s) due: \$ _____ Fee Transmittal <input type="checkbox"/> Check enclosed <input type="checkbox"/> Charge Deposit Account No. 18-0580 <input type="checkbox"/> 37 CFR § 1.16 <input type="checkbox"/> 37 CFR § 1.17 <input checked="" type="checkbox"/> The Commissioner is authorized to charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input type="checkbox"/> Return postcard <input checked="" type="checkbox"/> Response to Election of Species Requirement <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) - _____ Affidavits/declaration(s) - _____ <input type="checkbox"/> ___-Month Extension of Time	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Information Disclosure Statement & PTO-Form 1449 <input type="checkbox"/> Copies of cited reference(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Declaration(s) by Inventor(s) <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Updated Application Data Sheet <input type="checkbox"/> Drawing(s) - ___ Sheets <input type="checkbox"/> Compact Disk(s) - ___ CD(s) <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney & Address Indication Form	<input type="checkbox"/> Revocation of & New Power of Attorney, Address Indication Form <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Other Enclosure(s):					
REMARKS							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm or Individual Name (print/type)		Flavio M. Rose, Reg. No. 40,791 Wintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.	Telephone	(650) 251-7700			
Signature			Date	October 23, 2006			
CERTIFICATE OF TRANSMISSION							
I hereby certify that this correspondence is being facsimile transmitted to Examiner Amadeus Sebastian Lopez in Group Art Unit 3743 of the USPTO at facsimile number (571) 273-8300 on the date shown below.							
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Signature							
		Date	October 23, 2006				